

PATENT COOPERATION TREATY

From the
INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

PCT

NOTIFICATION OF RECEIPT OF DEMAND BY COMPETENT INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

(PCT Rules 59.3(e) and 61.1(b), first sentence
and Administrative Instructions, Section 601(a))

To: MICHAEL ZARRABIAN 1925 CENTURY PARK EAST, SUITE 500 LOS ANGELES, CALIFORNIA 90067		Date of mailing <i>(day/month/year)</i> <div style="font-size: 1.2em; font-weight: bold;">11 MAR 2005</div>	
Applicant's or agent's file reference <div style="text-align: center;">STPCT04</div>		IMPORTANT NOTIFICATION	
International application No. <div style="text-align: center;">PCT/US2004/021435</div>	International filing date <i>(day/month/year)</i> <div style="text-align: center;">02 Jul 2004</div>	Priority date <i>(day/month/year)</i> <div style="text-align: center;">03 Jul 2003</div>	
Applicant SPONGETECH, INC.			

<p>1. The applicant is hereby notified that this International Preliminary Examining Authority considers the following date as the date of receipt of the demand for international preliminary examination of the international application:</p> <div style="text-align: center; margin: 10px 0;"> <div style="border-bottom: 1px solid black; width: 200px; margin: 0 auto;"></div> <div style="font-weight: bold;">03 FEB 2005</div> </div> <p>2. That date of receipt is:</p> <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> the actual date of receipt of the demand by this Authority (Rule 61.1(b)). <input type="checkbox"/> the actual date of receipt of the demand on behalf of this Authority (Rule 59.3(e)). <input type="checkbox"/> the date on which this Authority has, in response to the invitation to correct defects in the demand (Form PCT/IPEA/404), received the required corrections. </div> <p>3. <input type="checkbox"/> ATTENTION: That date of receipt is after the expiration of 19 months from the priority date. Consequently, in respect of some Offices, the demand does not have the effect of postponing the entry into the national phase until 30 months from the priority date (or later in some Offices) (Article 39(1)) and the acts for entry into the national phase must therefore be performed within 20 months from the priority date (or later in some Offices). However, in respect of some other Offices, the time limit of 30 months (or later) may nevertheless apply. See the Annex to Form PCT/IB/301 and, for details about the applicable time limits, Office by Office, see the <i>PCT Applicant's Guide</i>, Volume II, National Chapters and the WIPO Internet site.</p> <div style="margin-left: 20px; margin-top: 20px;"> <input type="checkbox"/> <i>(If applicable)</i> This notification confirms the information given by telephone, facsimile transmission or in person on: <div style="border-bottom: 1px solid black; width: 200px; margin-top: 5px;"></div> </div> <p>4. Only where paragraph 3 applies, a copy of this notification has been sent to the International Bureau.</p>

Name and mailing address of the IPEA/ Mail Stop PCT, Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450 Facsimile No. 703-305-3230	Authorized officer Nisa Gilchrist-Jones Telephone No. 703-308-9290 EX 143
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PATENT COOPERATION TREATY

From the
INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

PCT

INVITATION TO CORRECT
DEFECTS IN THE DEMAND

(PCT Rule 60.1)

To:

MICHAEL ZARRABIAN
1925 CENTURY PARK EAST, SUITE 500
LOS ANGELES, CALIFORNIA 90067

Date of mailing
(day/month/year)

11 MAR 2005

Applicant's or agent's file reference

STPCT04

REPLY DUE

within **ONE MONTH** from
the above date of mailing.
See also below.

International application No.

PCT/US2004/021435

International filing date
(day/month/year)

02 Jul 2004

Applicant

SPONGETECH, INC.

The applicant is hereby **invited** within the time limit indicated above to **correct the following defects** which this International Preliminary Examining Authority has found in the demand for international preliminary examination:

1. ☐ It does not permit identification of the international application to which it relates (Rule 60.1(b)).
2. ☐ It does not contain the required petition (Rules 53.2(a)(i) and 53.3).
3. ☐ It does not contain the required indications concerning the agent as specified in the Annex (Rules 53.2(a)(ii) and 53.5).
4. ☐ It does not contain the required indications concerning the international application as specified in the Annex (Rules 53.2(a)(iii) and 53.6).
5. ☐ It is not submitted in the required language which is: _____ (Rule 55.1).
6. ☐ It is not made on the printed form (Rule 53.1(a)).
7. ☐ It is presented as a computer print-out the particulars of which do not comply with the Administrative Instructions (Rule 53.1(a)).
8. ☒ It does not contain the required indications concerning the applicant as specified in the Annex (Rules 53.2(a)(ii), 53.4 and 60.1(a-bis)).
9. ☐ It does not contain the required signature as specified in the Annex (Rules 53.2(b), 53.8, 60.1(a-ter) and 90.4).
10. ☐ Other observations (if necessary):

Effect of the date of receipt of the corrections on the date of receipt of the demand:

- (i) If the defect noted under item 1 is corrected within the time limit indicated above, the demand will be considered to have been received on the date when the corrections are received (Rule 60.1(b)).
If that date is later than the expiration of 19 months from the priority date, entry into the national phase in those elected Offices will **NOT** be postponed until the expiration of 30 months from the priority date, but only in respect of **some designated Offices**. In respect of **other designated Offices**, the time limit of 30 months (or later) may apply even if that date of receipt is later than the expiration of 19 months. See the Annex to Form PCT/IB/301 and, for details about the applicable time limits, Office by Office, see the *PCT Applicant's Guide*, Volume II, National Chapters and the WIPO Internet site.
If that date is later than the expiration of the time limit referred to in Rule 54bis.1(a), the demand shall be considered as if it had not been submitted and this Authority shall so declare.
- (ii) If the defects noted under items 2 to 9 are corrected within the time limit indicated above, the demand shall be considered as if it had been received on the actual filing date (Rule 60.1(b)).

Effect of failure to correct the defects within the time limit indicated above:

In the case of defects noted under items 1 to 9, this Authority will declare that the demand is considered as if it had not been submitted.

A copy of this invitation has been sent to the International Bureau.

Name and mailing address of the IPEA/

Mail Stop PCT, Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450
Facsimile No. 703-305-3230

Authorized officer

Nisa Gilchrist-Jones

Telephone No. 703-308-9290 EX 143

Continuation of item 3: As to indications concerning the agent (Rules 53.2(a)(ii) and 53.5), the demand:

- a. ☐ does not properly indicate the agent's name (*specify*):
- b. ☐ does not indicate the agent's address.
- c. ☐ does not properly indicate the agent's address (*specify*):

Continuation of item 4: As to indications concerning the international application, the demand does not indicate:

- a. ☐ the international filing date.
- b. ☐ the international application number.
- c. ☐ the name of the receiving Office, where the international application number was not known to the applicant at the time the demand was filed.
- d. ☐ the title of the invention.

Continuation of item 8: As to indications concerning the applicant* (Rules 53.2(a)(ii), 53.4 and 60.1(a-bis)), the demand:

- a. ☒ does not indicate all the applicants.
- b. ☒ does not properly indicate the applicant's name (*specify*):
All the applicants/inventors that are indicated on the Request must also be indicated on the Demand. Please specify. (See attached)
- c. ☐ does not indicate the applicant's address.
- d. ☐ does not properly indicate the applicant's address (*specify*):
- e. ☐ does not indicate the applicant's nationality.
- f. ☐ does not indicate the applicant's residence.

* Although Rule 53.2(a)(ii) requires indications concerning the applicant, or if there are several applicants, of each of them, for the purposes of Rule 53.4, if there is more than one applicant, it shall be sufficient that the required indications be provided in respect of one of them who has the right according to Rule 54.2 to make a demand (Rule 60.1(a-bis)).

Continuation of item 9: As to requirements concerning signature (Rules 53.2(b), 53.8, 60.1(a-ter) and 90.4), the demand:

- a. ☐ is not signed* by the applicant or, if there is more than one applicant, by at least one of them.
- b. ☐ is signed by what appears to be an agent/common representative but
- ☐ the demand is not accompanied by a power of attorney appointing him.
- ☐ the power of attorney accompanying the demand is not signed by all the applicants for the elected States.

* Although Rule 53.2(b) requires that all applicants must sign the demand (including all inventors/applicants for the designation of the United States of America), for the purposes of Rule 53.8, if there is more than one applicant, it shall be sufficient that the demand be signed by one of them (Rule 60.1(a-ter)).

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

PCT/US 04/21435

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) STPCT04

Box No. I TITLE OF INVENTION
Improved Cleansing Pad

Box No. II APPLICANT ☐ This person is also inventor

Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

SPONGETECH, Inc.
3604 Holdrege Ave.
Los Angeles, California 90016
United States of America

Telephone No.
310-273-8324

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality
United States of America

State (that is, country) of residence
United States of America

This person is applicant for the purposes of ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Popovsky, Michael
205 S. Reeves Dr.
Beverly Hills, California 90212
United States of America

This person is.

☐ applicant only☒ applicant and inventor☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality
United States of America

State (that is, country) of residence
United States of America

This person is applicant for the purposes of ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent☐ common representative

Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country.)

Zarrabian, Michael
1925 Century Park East, Suite 500
Los Angeles, California 90067
United States of America

Telephone No.
310-201-0640

Facsimile No.
310-201-0712

Teleprinter No.

Agent's registration No. with the Office
39,886

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
If none of the following sub-boxes is used, this sheet should not be included in the request.	
Name and address (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Popovsky, Yelena 205 S. Reeves Dr. Beverly Hills, California 90212 United States of America	This person is. <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality United States of America	State (that is, country) of residence United States of America
This person is applicant for the purposes of <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Foote, Susanne 603 W. Main St. Boise, Idaho 83702 United States of America	This person is. <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality United States of America	State (that is, country) of residence United States of America
This person is applicant for the purposes of <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Lassen, Shawna 5730 NE 26th Ave. Seattle, Washington 98105 United States of America	This person is. <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality United States of America	State (that is, country) of residence United States of America
This person is applicant for the purposes of <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Jungermann, Eric 2323 N. Central Ave #1001 Phoenix, Arizona 85004 United States of America	This person is. <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality United States of America	State (that is, country) of residence United States of America
This person is applicant for the purposes of <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
If none of the following sub-boxes is used, this sheet should not be included in the request.	
Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Poper, Maxwell 5311 Harvard Ave. Westminster, California 92683 United States of America	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: United States of America	State (that is, country) of residence: United States of America
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Marcus, Raulee 3335 Highland Ave. Hermosa Beach, California 90254 United States of America	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: United States of America	State (that is, country) of residence: United States of America
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) (Empty)	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality:	State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) (Empty)	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality:	State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.	